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## ORIGINAL DEPARTMENT.

### LECTURE.

#### ATHEROMA OF THE ARTERIES.

Delivered at the Hospital of the University of Pennsylvania, December 13, 1879,

BY WM. PEPPER, M.D.,

Professor of Clinical Medicine in the University of Pa.

REPORTED BY WM. H. MORRISON.

GENTLEMEN:—Here is a man 54 years old; he has worked hard as a laborer on a railroad. He has had no sickness before the present trouble with his heart, which began five or six years ago. He never had rheumatism. He now presents himself with constant shortness of breath, greatly increased by the slightest exertion; lately he has noticed a little trouble on swallowing solid food. There is no disparity between the pupils, which are equally movable and equal on both sides. There appears to be no difference in the size of the pulse on each side. He has an extraordinary amount of visible pulsation over the body. Take, for instance, the right brachial artery, and notice how violently it pulsates, and I think you will say at once that not only is there great excitement of the pulse, but enlargement of the artery. The course of the artery seems unusually tortuous. You see the same condition in the subclavian and thyroid axis at the base of the neck; the same is also seen in the carotid and its divisions. We have, then, a remarkable degree of visible pulsation.

The apex beat of the heart is seen in the line of the anterior border of the axilla, in the seventh interspace. There is, then, a marked displacement of apex beat downward and to the left. The action of the heart is rapid, and, on auscultation a double murmur is heard at the

base, at the second right dorsal cartilage, of which the systolic murmur is the strongest. As I go toward the xiphoid cartilage, the systolic murmur is loudly heard. Its maximum intensity is at mid-sternum, over the aortic valve, opposite the third rib. It is transmitted upward and outward, and is heard slightly in the brachial and strongly in the subclavian and carotid. In going toward the point of the heart the murmurs rapidly fail in force, but at the apex and round toward the axilla the systolic murmur preserves some force, and gains a character different from that which it presents at the xiphoid cartilage, or at mid-sternum opposite the third rib. It would seem, therefore, that while undoubtedly the greatest part of the trouble is due to disease of the aortic valves and the aorta, there is also some mitral regurgitation, but not very great in amount, since the murmur is most strongly heard over the aortic distribution.

We have, then, a case of double aortic disease, which is evidently associated with disease of the arterial trunks pretty much all over the body. There is not simply an exaggerated action, which would explain some of this throbbing at the root of the neck, but there is evidently change in the walls of the vessels themselves. Now, are these changes such as would lead us to believe that an aneurism of the arch of the aorta existed? There is no sign of pressure, with the single exception of a little diminution of the power of swallowing. If there is not an aneurism, I think that we must suspect considerable dilation of the arch of the aorta, since, when we have disease of the arteries, we, as a rule, find that the changes become more marked as we approach the heart. If we could examine the aorta, we would, no

doubt, find it thickened and decidedly dilated. This can sometimes be recognized by careful percussion along the arch of the aorta, noting that there is a little impairment of the resonance in the line of that vessel. Here the highest dullness of the heart is at the third rib, and only developed there by deep percussion. As we go on the sternum at this point, we find in health no dullness in the line of the aorta, except, perhaps, in very forced expiration; but I think that here, along the right border of the sternum, at the second interspace, a little dullness can be detected. There is more dullness than is compatible with the normal size of the aorta. I would have, therefore, no hesitation in saying that the arch was decidedly dilated, and that the coats of the artery were thickened, rough and atheromatous. It may be that this dilatation slightly interferes with the expansion of the œsophagus; but it may be that this difficulty is largely functional and nervous. In order to settle this point, a careful examination of his power to swallow pieces of food of different sizes would be required. I have noticed such difficulty in swallowing where there was slight enlargement of the aorta.

We can find no special cause for this disease. The patient denies any syphilitic infection. This kind of diffused arteritis is more frequently seen as a result of syphilis than from any other cause, but it sometimes arises from idiopathic conditions. Sometimes caused by overstraining of the arterial system by hard work, especially by lifting heavy weights. If you associate with this depressing causes, such as constant exposure to damp and cold, with improper and insufficient food, I think they are sufficient to set on foot this degenerative change in the coats of the arteries; these become thickened, lose their elasticity and power of resistance, and although the walls may remain thickened, their size is greatly increased. Thus there is an increased strain thrown on the heart, and you find, as a consequence, a dilated hypertrophy of the heart, affecting particularly the left ventricle, and I fear, as a result of this dilation, a slight insufficiency of the mitral valve. The murmur is probably largely produced in the aorta itself, for not only are the valves rough, and perhaps rigid, but the coats of the artery are also so rough that a murmur is produced by the passage of the blood over it.

The condition of this man renders rest essential to prolong his life and restore such measure of comfort as it is possible for him to regain. With this rest must be conjoined a nutritious and well selected diet, and digitalis, to strengthen and regu-

late the action of the heart. As far as I know, the best result upon the arteries is to be gained by the use of small doses of mercury and iodide of potassium. I would place him upon the one-thirtieth of a grain of the biniodide of mercury, such doses of iodide of potassium as are well borne, digitalis, absolute rest and a nourishing diet. These will place him under the most comfortable circumstances possible.

## COMMUNICATIONS.

### SUCCESSFUL LIGATION OF THE SUBCLAVIAN ARTERY IN THE SUBCLAVICULAR TRIANGLE, FOR WOUND OF THE AXILLARY.

BY J. W. BOWCOCK, M.D.,  
Of Clarksburg, W. Va.

James M., on the 25th of September, 1879, received a cut on the anterior surface of the left shoulder, about four inches in length, and as well as I could judge by probing, between five and six inches in depth, the knife striking the joint and glancing downward toward the axilla; he was bleeding profusely when I first saw him, and was already nearly unconscious from the loss of blood, having been brought to my office at least a mile from the place where he had received the injury. On examination, I thought that merely one of the branches of the thoracica acromialis was cut, and immediately ligated it, sponged the wound out well, and drew it together by four interrupted sutures, and was preparing the adhesive strips for application, when the patient became very much excited at something one of his friends said in regard to the difficulty in which he had received his wound, and attempted to rise from the position in which I had him lying, and in less time than it takes me to write it, in an instant, almost, the integument puffed out to the size of a large orange, and the blood spurted from between the sutures into my face as I grasped him and compelled him to be quiet. I suspected immediately that the axillary artery had been scathed, and although not entirely separated this exertion on his part had finished what the knife failed to do. I cut the sutures and applied sol. ferri sub-sulphatis as rapidly as I could, having sent for my father, Dr. J. M. Bowcock, to assist me, who came immediately, accompanied by Dr. P. M. Goff. Both agreed with me in regard to ligating the subclavian. I did not give him an anæsthetic, because he was very weak from the loss of blood, but stimulated him with spts. frumenti,

although his system was very well charged with that article at the time he received the injury. I then felt for the subclavian above the clavicle, where it is customary to operate, but could find no pulsation, therefore was compelled to make my incision in the sub-clavicular triangle, in which position I could very plainly feel, as well as see, the artery pulsating. Having ligated it after considerable difficulty, as it is very deep at this point, I had him removed to the nearest hotel, nearly one square. I then kept his system well opened with saline cathartics, and Prof. S. D. Gross' antimonial and saline mixture, the latter also keeping under control the surgical fever, and as external application used a weak solution of carbolic acid. On the fourth day after the operation well defined traumatic erysipelas showed itself, seeming to be in its worst form. I then gave him the following:—

R. Tr. ferri chlor.,                   gtt. xxx  
Quiniae sulph.,                   gr. ij.   M.

Sig.—Every four hours.

and used locally Goulard's extract of lead and tr. opii. In five days the erysipelas had nearly entirely subsided; and on the eighteenth day the ligature came off. I still kept him on the above tonic treatment, in about half the dose before mentioned, as I thought it as good a tonic as I could give him, and it has proven so, to my entire satisfaction, for at this time he weighs more than he ever did before, but still has not perfect use of his arm, as a great many of the nerves on the anterior part of the shoulder were divided, and I think now that perhaps the capsular ligament must have been somewhat injured, judging from the partial stiffening of the joint; although he is gaining better motion every day, he cannot raise his hand any further up than his mouth at this time; but I think that in time he will have nearly perfect use of his arm.

#### CASE OF SPONTANEOUS RUPTURE OF THE UTERUS, WITH RECOVERY.

BY W. D. HOYT, M.D.,  
Of Rome, Ga.

On the night of the 3d of January, 1879, I was called to see Maggie Brown, colored, twenty-four years of age, in labor with her fourth child. She was a short, black, stout negress, whom I had known for some years, having been called some years previously to see her, in consultation with another physician, in her first labor. She had then been in labor two days and a night, and it was at a late hour of the second night that I was called to see her. I found her with a very con-

tracted antero-posterior diameter of the superior strait, it being, as nearly as I could ascertain by measuring with my finger, a little less than three inches. The pains were strong but ineffective; the head was partially withdrawn through the strait, and evidently pressing on the sacral nerves. After some time I got the consent of the attending physician to the use of the forceps, and delivered her of a male child of large size, which was born dead. She suffered greatly from the pressure on the sacral nerves, and was partially lamed in consequence. I attended her alone in her second confinement; and early in the labor, when the head had fairly engaged in the superior strait, I applied the forceps and gradually assisted the labor, making traction efforts only during the occurrence of pains. In this way it took me over an hour to deliver her of another male child of large size. The heart beat for some time after birth, but respiration could not be induced and the child died. The patient recovered satisfactorily from this labor, having only the same amount of lameness as before. Her third child, a female of small size, was delivered spontaneously, under the care of another physician, and lived. I had advised her not to go to full term, but to have labor induced at the seventh or eighth month, which advice was not followed.

It was early in the evening of the 3d of January when I was called to see her. I found the head presenting in the first position; the pains were strong, and as she had been delivered of one live child, I was disposed to wait and watch the efforts of nature. The waters broke spontaneously, and the contracting process was going on, by which the head was being gradually forced through the superior strait, when suddenly, in the midst of a violent pain, she cried out that she had a severe pain in her stomach. At first, I thought it was only colic; but finding her pains had ceased, I felt her wrist and found there was no perceptible pulse, while her appearance indicated severe shock. Placing my hand over the abdomen, I could feel the buttocks of the child partially protruding, encircled by the tense womb. The friends asked if they should go for another physician. I told them there was no time, and immediately applying my forceps (a pair of John Rohrer's Bettles forceps) I rapidly delivered the head. There were no pains to assist me, and I had considerable difficulty in delivering the shoulders; but with my fingers in the axilla I delivered first the right and then the left shoulder. As the last shoulder escaped from the vulva there came a gush and the rest of the child's body, with the afterbirth, and clotted and liquid blood, all came

away together, sprinkling blood in every direction. It was evident that the placenta was completely separated and was lying loose in the womb. The womb now contracted well and the pulse returned. Giving my patient full doses of opium, and making her as comfortable as circumstances admitted, I turned my attention to the child. I found a female child, weighing, I suppose, eight or nine pounds, which I failed to resuscitate. As I desired to remain near my patient, I laid down, but about 3 A.M. was called to see her. I found her in great pain, and as there was very little discharge, the supposition was that clots had formed in the womb; I introduced my hand for the purpose of ascertaining. I found there were only a few small clots, but felt the rent, through which I could pass my hand. It is my impression that the peritoneal investment of the womb was not torn. The womb seemed thinned at the point of laceration, and had a harsh, degenerated feel. The pains proceeded from a small hour-glass contraction to the left of the rent, in which a small clot was included. Dilating the contractions and turning out the clot stopped the pains. After this she rested comfortably until morning.

The following are the notes of the case:—

4th. 5.30 P.M. Pulse 126; temperature 99.2°.  
5th. Passed a good night until 3 A.M. Passed water twice, early in the night and at 4 A.M. Taking light nourishment; abdomen tympanitic. 2 P.M. Pulse 124; temperature 101°.

6th. Had pains through the night; slept toward morning; meteorism moderate; lochia pale; urine dribbling away; took some nourishment. 4 P.M. Pulse 122; temperature 103.2.

7th. Slept well; considerable perspiration; has a fair appetite; soreness diminished; urine dribbling away; no collections in the bladder. 1 P.M., pulse 102, temperature 98.6.

8th. Pains through the night; bowels acted spontaneously; passed urine; tympanites diminished; womb less engorged; appetite good. 5 P.M., pulse 104, temperature normal.

10th. Slept well; bowels moved several times; the actions at first dark and now yellow; milk came last night; soreness of abdomen diminished. 1 P.M., pulse 116, feeble, temperature 100.8.

12th. Sciatic pains night before last; the bowels are regular; the appetite good; the milk is dried up; she feels well except for the sciatic pains. 2 P.M., pulse 100, soft, temperature 100.2.

15th. Doing well, but complains of sciatic pains. Pulse 100, soft, temperature normal.

16th. Had chills and fever last night, which I judge to be malarial. Pulse 110, temperature normal.

*Treatment.*—For days the patient was kept under the influence of opium, administered every two to four hours when awake; quinine was given from the start, ten grains being given between 12 and 6 A.M., and the same quantity between 12 and 6 P.M. When her fever rose to 103 the quantity was increased to 15 grains; on the occurrence of the chill some calomel was given and the quinine continued. Iodide of potassium and Fowler's solution were used for the sciatic pains. With the view of filtering zymotic germs from the air penetrating the womb, a pledget of cotton was kept constantly applied to the vulva.

After the last record made she progressed favorably, and made a good recovery. I now frequently see her on the street, in good health.

#### CASE OF OVARIAN TUMOR, WITH OVARIOTOMY.

BY I. J. WIREBACK, M.D.,  
Of St. Petersburg, Pa.

Mrs. Mary Best, fifty-four years old, married; was never pregnant. Health had been good until about two years and a half ago, when she commenced ailing. About one and a half years ago, in June, 1878, the first evidence of a tumor was noticed, which increased in size until July 29th, 1879. It was first tapped by Dr. Clover, the attending physician, since which it has been tapped ten times, and in all about thirty gallons of fluid removed. The last tapping was on January 1st, 1880. The interval between the successive tapplings growing shorter, and the suffering and anxiety of the patient more intense, without any persuasion, after being made acquainted with the danger of the operation, she chose to have ovariectomy performed by Dr. Clover. Although her age and the feeble condition of her health were against her, the Doctor felt it his duty to operate.

Accordingly, on the 9th of January the operation was performed successfully by Dr. Clover, assisted by Drs. Wireback and McComb, of St. Petersburg; Dr. Fitzgerald, of Lamertine; Dr. Northrop, of Edenburg; and Dr. Baker, of Duke Centre. The operation was performed under the carbolic acid spray; all the instruments were immersed in a 5 per cent. solution of carbolic acid. All ligatures and dressings, as well as blankets and coverings, were either saturated or impregnated with a solution of carbolic acid. We all, after washing our hands and brushing our nails with a nail brush, immersed them in a 2 per cent. solution of carbolic acid. The patient having undergone the preparatory treat-



ment, she was etherized (Squibb's ether), placed on the table, wrapped in flannel blankets, only the abdomen made bare; the catheter was passed, but very little urine escaped. An incision was made, commencing about one inch below the umbilicus, extending downward about three inches; the aponeurosis and perineum were divided upon a grooved director, without any hemorrhage occurring. The tumor was disclosed, presenting a dull-white appearance. An exploration with the sound denoted no adhesions. The incision was then enlarged to about five inches, a large trocar was plunged into the sac, and the fluid contents, about six gallons, withdrawn, the fluid was the color of rather dark urine. The sac was pulled out; the pedicle, being small, was ligated with a single silk ligature, the ends cut short, and after the cyst was removed, the pedicle was dropped back. All superfluous fluid was removed from the abdominal cavity with sponges. The intestines were supported by an assistant. The other ovary was examined and found to be healthy. The wound was brought together with silver wire sutures, about half an inch apart, made to include one-fourth of an inch of the peritoneum.

The wound was dressed with two layers of carbolyzed absorbent cotton, secured with adhesive strips, then four more layers of antiseptic cotton, and the whole secured by a flannel roller.

The ether was suspended during the insertion of the sutures, and when the patient was put back to bed she spoke. There was no sickness from the ether at this time, having experienced some sickness and vomited twice when first going under its influence.

Her temperature after the operation  $96\frac{1}{2}^{\circ}$  Fahr., pulse 120; pulse previous to operation 112. She was now given  $\frac{1}{4}$  grain morphia sulph. and some beef tea, when we left her for the night, in charge of Dr. Clover, who promised to report.

HENRY BEST FARM, Jan. 10, 2 P.M.  
Dr. WIREBACK, St. Petersburg, Pa.

Dear Sir—According to agreement, I report the case to-day. Mrs. Best vomited twice in fore part of night. I gave her  $\frac{1}{4}$  gr. morphia sulph.; she threw that up; then gave her  $\frac{1}{4}$  grain hypodermically; she then rested well until 2 o'clock A.M.; felt a distress in her lumbar region; gave her  $\frac{1}{4}$  gr. morphia, and she rested well and slept some. In morning sickness had gone; retained beef tea and water; drew a pint of normal urine; pulse 93 per minute, temperature  $99^{\circ}$  Fahr.; looks bright and feels cheerful; laughed this forenoon, and says she feels better than she did for the past two years; says she can hardly

realize her burden is gone. I will report to you soon again. Yours, etc.,  
Dr. CLOVER.

The tumor was multilocular, containing about one hundred smaller cysts, down to the size of a walnut, and several hundred still smaller ones, connected together with a fibrous connective tissue; the fluid in the smaller cysts was more transparent than that in the larger ones, while that which existed in the parent cyst, external to the smaller ones, was dark colored. The fluid, under the microscope, presented the characteristic bodies, the chestnut bur and crystalline substances.

Under date of 12th inst., Dr. Clover again writes that the patient is doing well; feels cheerful, laughs and talks, no pain, good appetite, passes urine naturally, pulse 88; temperature  $99^{\circ}$

#### PUERPERAL CONVULSIONS.

BY THOMAS A. POPE, M.D.,  
Of Wilderville, Texas.

On November 1st, 1879, was called, hurriedly, about one o'clock P.M., to see Mrs. T., primipara, aged eighteen. She was a strong, plethoric woman, and up to the date of her confinement, which was at full term, had enjoyed excellent health. On arrival I found her semi-conscious, pupils dilated, carotids throbbing strongly, pulse 80, and full. I was informed that she was just recovering from a convulsion, of which she had had two, there being an interval of twenty minutes between them. On vaginal examination I found the os yielding and dilated to the extent of half an inch. Head presenting. Scarcely was my examination complete ere my patient was suffering from another convulsion, which was terrible in its intensity. I opened a vein in her arm and extracted blood, fifteen ounces, and as soon as she was able to swallow gave—

R. Potassii bromidi,	grs. xxv
Chloral hydratis,	grs. xx
Aque,	q.s

In a few minutes she was again threatened with a convulsion, which was warded off by chloroform, which I continued to administer at intervals for an hour, when I repeated the dose first given. The chloroform was then suspended. At six P.M. a large, healthy child was delivered. Before the placenta was removed she became conscious, and was perfectly rational. After removing the placenta I gave one-sixth of a grain of morphia. She seemed to rest well, but within an hour the convulsions returned, and were again readily controlled by the chloral

and potash. She was kept under the influence of these agents for twelve hours, from which time no further nervous disturbance was manifested. Dr. A. Horn was present when the convulsions returned after the birth of the child.

CASE 2.—I was called about four A.M. to see Mrs. S., primipara, aged about twenty-five. Dr. Phipps was present, he having been with the patient several hours. She had a convulsion just before my arrival. I found her perfectly conscious. Presentation natural. Head of child distending perineum. Immediately administered

R. Potassii bromidi,  
Chloral hydratis,      ʒʒ grs. xx

and also gave chloroform by inhalation. The child, well developed and healthy, was delivered in a few minutes, and the placenta soon after, without trouble. The chloroform was stopped, and grs. xv of chloral given; the patient then went into a profound sleep, from which she was not aroused until about nine o'clock, when she was again taken with convulsions. Chloroform was again used, with the effect of keeping off the convulsions as long as the patient was profoundly under its influence, but as soon as it was withdrawn the convulsions returned, and the first prescription was resorted to again with good effect. As the patient seemed to grow worse instead of better, about twelve o'clock we determined to open her bowels, although the husband assured me that her bowels had been freely opened the previous evening. We administered oleum tigllii, gtt. ij, and repeated the dose in an hour. Neither having effect, about two o'clock we gave—

R. Hydrarg. chlor. mit., grs. x  
Pulv. jalapæ, grs. xx. M.

which, within six hours, brought away a large quantity of hardened, clay-colored feces, which was shortly followed by a watery evacuation, and from this time she began to improve.

All that I have here said relates especially to the use of bromide of potash and chloral in convulsions. In each case the convulsions were effectually controlled by these remedies, while the chloroform was useful only so long as continuously administered. It is worthy of note, perhaps, that in each case the convulsions returned within five hours after the last dose, when first given, but did not return when the patient, by smaller doses, was kept for some twelve hours under the influence of the remedies.

In connection with these I desire to relate a later case where there was not convulsions.

November 25th, was called to see Mrs. G. She was complaining of intense occipital head-

ache, eyelids puffed, feet and hands slightly swollen. I got this history: Eighteen months before she suffered her first confinement; just before it she was in, as near as she could remember, precisely the same condition that she was when I first saw her. She was suddenly taken with convulsions, and, notwithstanding the presence of three doctors, she had twenty-six convulsions, and was in labor nineteen hours before the birth of a dead fetus, which had, however, reached full term. (She had several convulsions before either doctor arrived.) I prescribed—

R. Spt. æther. nitrosi, f. ʒ i  
Potassii acetatis, ʒ i  
Aque, q. s., f. ʒ ij. M.

Sig.—Teaspoonful three times a day.

Also to take of tinct. ferri chloridi, gtt. xv, before meals, and, to keep the bowels freely open, comp. cath. pills.

I examined her urine and found some albumen. Did not test for urea. Was recalled the fifth day, and found her in the first stage of labor. She still complained of headache, but all the œdema had disappeared. Gave hydrate of chloral, grs. xx, and repeated in forty-five minutes. The labor progressed rapidly, and within four hours she was safely delivered, without an untoward symptom. She convalesced rapidly and was up doing her housework on the thirteenth day. Whatever may be the cause of puerperal convulsions, slighter cause is necessary to produce subsequent convulsions than to originate them, and, therefore, the preventive treatment is more likely to be successful than curative; hence, when there is the slightest symptoms of the approach of the terrible malady the free use of the above remedies are indicated.

## HOSPITAL REPORTS.

PENNSYLVANIA HOSPITAL.

SERVICE OF DR. JAS. H. HUTCHINSON.

REPORTED BY GEO. F. SOWERS, M.D.

### Biliary Calculi; Heart Clot.

There would seem to be in the practice of medicine a singular fatality in the sequence of cases. That in practice a peculiar or rare case is soon followed by a similar case, is so common as to almost have passed into a proverb; and I have an illustration of this peculiarity to present to you this morning. Unfortunately, I was unable to bring before you in life the patients from whom these specimens were removed. I can, however, furnish you with the history of the cases, as recorded by Dr. M. B. Croll, one of the internes of the hospital.

The first case, the specimens from which I shall present to your notice, was that of L. S.

On admission to the house she gave the following history: she enjoyed good health until about six years ago, when she was suddenly seized with a protracted chill; this was shortly followed by the appearance of a deep-jaundiced condition of the skin and conjunctivæ, though there does not, at this time, seem to have been any colic present. This discoloration never thoroughly disappeared, the skin always retaining a trace of yellowness. No other symptoms to alarm the patient had taken place till about six months ago, when again an attack of jaundice manifested itself. The jaundice at this time, however, was not very marked, probably owing to the extremely anæmic condition in which the patient was; the attack, however, was accompanied by great prostration of the entire system; so marked, in fact, was her feebleness, that at no time previous to her death, which occurred last evening, was I able to make a thorough examination; I, however, discovered that there was no tubercular disease of the lungs at the time of her admission. Over the heart a short, sharp, diastolic aortic murmur could be detected, but later this sound was not so distinct. The patient complained of no pain, and did not suffer much till about a week before her death, at which time persistent vomiting set in. This symptom we were utterly unable to control—hydrocyanic acid, the effervescing bismuth draught, and lime water, all failed to exert any influence over it. About two days before her death she suddenly became speechless and suffered great dyspnoea, though consciousness was perfectly good. Upon listening to the lungs, some days before her death, the inspiration was rather brisk, and at one point to the right of the sternum I detected a sound resembling friction; I concluded that there was at this point a small pleuro-pneumonic patch. Two days before her death she bled slightly from the gums and mouth, the bleeding recurring as fast as the cavity was cleaned out; I at first thought, from its resemblance to a case of aneurism that occurred in this hospital about a year ago, that possibly we might be dealing with this disease in addition to the other troubles under which the patient was suffering, but further examination excluded this. The urine was slightly albuminous. The post-mortem appearances in this case are interesting: the liver, on examination, is contracted, and so hard that at no point am I able to force my finger into it. It presents the appearance of the disease known as cirrhosis of the liver, the hepatic cells being in an atrophied condition, while the connective tissue is hypertrophied.

The common biliary duct is enormously dilated, and in it are two gall-stones, one of these stones being of the size of the largest-sized marble, or hickory nut, while the other is but little smaller. There has been some perihepatitis; the pancreas and duodenum are tightly glued together by inflammatory adhesions. The lungs are extremely anæmic; at one point a pneumonic state may be detected; there is, however, no pleurisy, the friction sound which was detected being due to a slightly emphysematous condition of the lung.

The kidneys, which should weigh from four to five or six ounces, weigh only three ounces. They are contracted, anæmic, and to the unaided

eye have the appearance of being fatty, but this can only be determined by the microscope. You remember that a sharp, aortic, diastolic sound or murmur was heard in this case during life, over the aortic cartilages; there is in the heart some degeneration of the aortic valves; they are somewhat stiffened, and around them a calcareous ring has formed.

The apex murmur which was also present was purely functional. The kidneys are, of course, very much diseased. They are in a cirrhotic condition, as is generally the case when the liver is likewise affected, but I question whether the woman did not rather die of anæmia than of the condition of these organs. As to diagnosing the presence of gall-stones, it is frequently impossible; there is no sign or symptom that is to be relied on; the pneumonic condition of the lungs and the diseased state of the heart can readily be pointed out, but here our abilities end, and we must rather trust to supposition than to what we absolutely know and can prove. As to treatment in this case: for the kidney condition Basham's mixture was administered. We should have employed iron in some other form, such as the tincture of the chloride, but found it impossible, owing to the irritable condition of the stomach. Milk and brandy, with other stimulants, were administered, but while they were of use for awhile, they gradually lost their nourishing and stimulating effect, and the patient succumbed to the inevitable.

The other specimens were removed from the body of A. G., aged 35. This case was first admitted to the house on January 1st, at which time the following notes were made on the case. The family history good, except that one sister had died of phthisis. When a child she had measles, and at eighteen years of age an attack of pleurisy; she never had rheumatism, intermittent fever, winter cough, hæmoptysis, or night sweats; had never suffered from palpitation of the heart, nor been compelled to pass her urine during the night; with the exception of occasional abdominal pains, she had, in fact, enjoyed extremely good health; habits temperate. Five years ago she had an attack similar to the one under which she was suffering at the time these notes were taken. To quote from the notes further: for the past three months (previous to admission) she has been rather constipated and dyspeptic, although otherwise she was in good health. Five days ago she was suddenly seized with a severe pain in the right hypochondriac region, which was lancinating in character and lasted eight hours, when it subsided somewhat, but did not entirely cease; this continued, with less severity, for three days, when again she had another paroxysm, while washing clothes; she was obliged, from that time, to give up work and remain in bed, and in a short time jaundice appeared. We now, having heard her history previous to her admission, will see what took place afterward. On admission, the notes tell us that the patient looked well nourished, but while the conjunctivæ were slightly yellow and the skin dusky, yet there was no positive jaundice. About 8 P.M., of the eve of her admission, (January 1,) she had a paroxysm of pain preceded by a slight chill; this pain was "screw-

ing" in character, and so severe that she was almost doubled up; it lasted for about 2 minutes; there was also some nausea and vomiting. A hypodermic of morph. sulph., gr.  $\frac{1}{4}$ , was given, and during the night five grs. of pill. hydrarg. were administered, followed by a saline purgative. There was present a soft, basic, systolic murmur in the heart. The urine was acid, with a specific gravity of 1.035, dark and cloudy; no albumen or sugar present, while bile pigment and the urates were present in fairly large amounts.

On the 2d of January the bowels were freely moved, the stools being very light yellow in color; pain present in region of liver and tenderness on pressure; patient ordered half ounce liq. ammon. acet. three times a day; poultices over liver, as needed, to relieve soreness.

January 3d. Jaundice rapidly subsiding and pain diminishing.

January 4th. Is much better, although there is increased soreness in the right side.

January 5th. Examinations of the stools being made every day a gall-stone was discovered in her passages this morning. This consisted of a soft, yellow, granular substance, surrounded by a dark-brown, harder layer.

January 8th. Soreness in abdomen gone; stools natural in color; skin and conjunctivæ entirely clear; temperature normal during several days past.

	Resp.	Temp.	Temp.
Jan. 1, pulse 4 P.M.	72 20	99 3-5	8 P.M., 98
2 " " 72 20	98		100
3 " " 98 2	98 2		98 2
4 " " 98	98		98 2

On January 8th the patient was discharged, as she seemed to be getting along very well. On January 10th she returned to the hospital. Dr. Croll, the interne, has recorded the following notes: A. G. returned about half-past ten this morning, suffering great pain in the right hypochondriac region, and having the appearance of having suffered very much rather recently. She says that she began to suffer with a "squeezing" pain in the region of the liver yesterday morning, this pain being remittent in character, exacerbating about every hour. She said that she had suffered more severely than during previous attacks, but she had become more easy, and in the remission had come to seek re-admission into the hospital. She had been attended at the house at which she was visiting by two physicians, who had evidently ordered her some purgative, as her bowels had been opened at nine and again at ten o'clock. She had, on admission, the appearance of having suffered severe pain, and seemed very weak and anxious. After being put to bed she was ordered, hypodermically, eight minims of Magendie's solution, and a poultice over the abdomen. In the course of the afternoon she appeared more comfortable, but when the evening visit was made she felt slightly sorer over the region of the liver; another eight minims of Magendie's solution, hypodermically, was ordered, and another poultice applied. Her temperature upon admission was 102 2; in the evening temperature was 100, pulse 130, respiration 30. Between 7 and 10 P.M. she was very restless, and sometimes threw off her clothes;

she was decidedly anxious. At 10 P.M. her pain seemed easier, but her hands and feet were cold; the pulse and respirations were as in the early evening. She seemed worried and anxious, and to insure a good night's rest five minims of Magendie's solution were administered, and hot bricks were applied to her feet. She then turned over on the right side and seemed better satisfied, although she was still somewhat anxious, saying she would die. At 10.30 P.M. she was found in the same position, with scarcely any pulse or respiration, the mouth being widely opened, the face and neck being cyanosed; bowels had not been opened; the urine was not examined.

The post-mortem appearances are before us. The heart is nearly normal; the left ventricle is contracted; the right ventricle contains a chicken-fat clot, extending from the auricle. The kidneys are slightly congested. The liver shows marks of inflammation in different parts; the hepatic veins and biliary ducts are distended; the cystic, hepatic and common biliary ducts are distended; and about half an inch from the duodenum a gall stone is present; the walls of the duct are greatly thickened; the gall bladder is distended, and contains two gall stones, of irregular cubic shape, with sides about a quarter of an inch in length. In this case death resulted, undoubtedly, from the position of the clot, and her dying suddenly was caused by the clot interfering with the working of the valves.

Stimulants would be about all that could be used in such a case, but stimulants, like other remedies would, under the circumstances, probably be of little use.

#### MEDICAL DEPARTMENT OF THE UNIVERSITY OF THE CITY OF NEW YORK.

Surgical Clinic of J. WILLISTON WRIGHT, M.D.; Professor of Surgery.

##### Hernia.

The first case, gentlemen, is a little child, two years and two months old, by the name of W. L. When the child was eight or nine months old the mother noticed a little lump in the private parts. On examining it, it looks like two or three different things; it looks like a hernia, it looks like a hydrocele. In order to determine just what it is we lay the little fellow down on his back. Now, if that were hydrocele of the tunica vaginalis it should be transparent, but I do not get any light through it at all; on the other hand, taking hold of it, feeling of it in this way, I can trace the tumor directly upward through the external abdominal ring; going on in a direction upward and outward I can trace it to its end, which corresponds to about where the internal abdominal ring ought to be. Now, taking hold of that with my fingers, it does not feel like a collection of fluid, as a hydrocele would, but I can feel the testicle down here; I have it now between my fingers, and above that there is a more or less solid feeling mass. I suspect the case before us is one of inguinal hernia, and I presume that a little pressure on the part in the direction of the neck of the



tumor will produce immediate reduction. Having done so you see the tumor has entirely disappeared. There is nothing left in the scrotum but the testicle, we having disposed of all this elongated mass running up toward the external and internal rings. It is certainly a complete inguinal hernia which has been reduced by crowding it back into the abdominal cavity. I find the external ring is larger than it should be, and I presume the internal ring is in the same condition.

The treatment of the case is simply to put on a truss, having the pressure pad come directly over the internal ring so as to prevent the hernia from coming through the internal ring. With a child at this age, if the truss is well applied and the pressure kept up constantly for a number of months, possibly for a year or two, we may have a perfect cure of the case by that means alone. This is the result which we often get in children with a hernia of that kind.

The hernia comes down very easily. I presume that if I put the child on its feet a few minutes, it will come down the same as it has before. There, you notice the hernia has come down again; I cannot reduce it as easily as I did before, because the child is standing up; it slips back with a little gurgling sound, but with more difficulty than when he was on his back. Have a truss made for the little fellow, put it on him, and have him wear it all the time.

#### Neecrosed Finger.

1. This is a patient upon whom we operated two weeks ago; made a resection of the middle joint of the middle finger. The case is progressing very favorably. Last week he was here, and the wound was discharging pretty freely; now it is discharging very little; it has cleaned up, as we say, very much, the past week; the edges of it are already beginning to cicatrize—the edges of the old cavity where the discharge was before the operation, are beginning to cicatrize—and everything looks as favorable to-day as possible. I will take off the splint and see what condition the finger is in. We have some shortening here, as we would naturally expect, notwithstanding there has been a little extension made on the end of the finger nearly all the time, until the last dressing was put on. You see the finger has come down into a pretty straight condition. It is a little shorter than the ring-finger, instead of being half an inch longer, because of the piece of bone we took out, but this shortening of the finger is of little moment, however, so long as we can save the finger and make a useful member of it. I do not wish to make much passive motion yet, but you can look at the wound and see the process of repair.

2. We have a patient under ether, gentlemen, about twelve years old, I should judge. The history is, that five weeks ago he began to have trouble with the end of the index finger; it began to swell, became very painful, and finally a little abscess formed, projecting upon the surface, which was opened by making a very superficial cut through the fluctuating point. It discharged pretty freely, but has not gotten well, and he comes here now with a finger enlarged, club-shaped on the end, twice or three times as large

as the end of any of his other fingers, larger than his thumb, with the remains of this old cut in the end of it, and pus welling up from the bottom of that cut. Now, I do not know what the condition is here, but I suppose that this child has had what we call a felon or a whitlow, and I suppose he has, in consequence of not having an earlier opening made, a piece of dead bone; the distal end of the last phalanx is probably in a state of necrosis. That is only an inference, which I propose to test the correctness of by operating. I introduce a probe here, and find out about the condition of the bone first. I find that there is dead bone at the bottom of the wound, more or less loose; I can pass the end of the probe all around it; it is rough, like dead bone. I simply put an Esmarch bandage on the finger and remove that dead bone. We will make another little resection, so to speak. The usual method of doing it on the distal phalanx is, to make a U-shaped incision, the arms of the U running down on the sides of the finger and the bow part of the U on the extremity; but here we have a cut in that direction which is already open, and I shall make use of that cut in making resection; simply enlarge it and dissect the parts away from their attachment to this dead bone, whatever it may be, and probably take out the whole distal phalanx down to the joint, for I presume it is all dead. Then, by bringing these soft parts together with a little strapping, laterally, and afterward putting on a pasteboard, or India rubber splint, we shall probably be able to save him a nail, making his hand look much more natural than if we made an amputation through the last joint of the finger. The bone is perfectly loose, lying there without any attachments at all. [Removes it]. That is all there is left of it; part of it is gone; it has been broken down by a carious condition, the edges of it gradually dissolved away. I find nothing else in the wound, which is perfectly clean, and will probably get well now without any difficulty, simply because we have taken away a little substance which was acting as a foreign body. There is a little bleeding, but the application of a bandage over it will be sufficient to stop that.

#### Fracture of Ulna.

M. R., forty-eight years of age, was hurt last Monday a week, by the stroke of a club. "The club made for my head, and I put up my hand and caught it on the back of the arm; the club did not hit my head."

We have here, in the first place, what is called ecchymosis—a lot of dark-colored patches over the surface of the arm. It does not pain him until I "bruise" it. What would you expect to take place, gentlemen, when a man puts his arm up in that way, to ward off a blow from his head? Fracture; that is what I suppose we have here; I suppose we have fracture of the ulna. When I took hold of the arm I heard a grating sound, which I should take for crepitus. To determine that I feel, in the first place, for any irregular prominence in the bone. When I come to this point, where I found a sensation of crepitus—a grating sound, as though the rough end of a bone slipped over another rough end—I get the deformity; that is, there is enlargement here, quite a

thickened mass over that point. Now, I told you yesterday morning, when speaking about fractures, that in fractures which are the result of external violence direct, as where a man is struck with a club, as this man was, you will always have the fracture primarily at the site of the stroke, not away off somewhere else, as you get from indirect violence, as when a man jumps out of a window and strikes on his feet. Here is a man who was struck on the arm with a club, and it has evidently fractured the ulna; I can move the ends of the broken bone, one upon the other, and get that sound which is called crepitus. Let us see about the radius. It is not very likely that the radius would be broken from such a blow as that, still it is proper for us to examine it and make sure. I find that it is perfectly sound, but this other one, as the patient says, keeps "rattling." Every time I bend the arm I get a sensation of crepitus.

Now, we have here two bones, one broken and the other sound; remember that this sound bone acts as a splint to the broken one to a certain extent; still a splint must be put on to compress these muscles down into the inter-osseous space between these bones and keep the fractured pieces as quiet as possible. The splints we have here are hardly as wide as I should like for this purpose. I should like to have them wider than this man's arm up here when the muscles become flattened out in that way; otherwise the strap which is put around draws right across the skin, and is apt to make it sore; besides that, I do not think it does as much good, because it does not exert pressure at all in the direction between the two sides of the inter-osseous space, where we want it. We want the arm flattened as much as possible by the use of these splints. The arm should be carried bent at the elbow, with the thumb up, midway between pronation and supination, and carried in a wide sling, from the elbow to the hand. He wants to know how long it will be before he can work. It will probably be four weeks, to say the least, before this bone grows together so that he can use the arm; possibly five or six.

#### Epididymitis and Hydrocele.

This man's name is P. F., forty-eight years of age. He says that two weeks prior to last Saturday he had a discharge from his penis; the penis began to "run;" and he gives the additional history that twenty-five years ago he had a discharge; that he did not have it again until five years ago, when it returned; he did not have it again until about three weeks ago. Are you a married man? "Yes, sir." Are you a man that is in the habit of going out with other women at all? "No, sir." When you had this attack twenty-five years ago were you married then? "No, sir." He says he got this thing from going with strange women. How long have you been married? "Twenty-one years." And since that time you have been perfectly honest? "Yes, sir." He says it pains him to pass his water, and he cannot make much; he was able to pass a good stream of water a good distance away from him. But now the stream is small. On making physical examination you see the testicle is about four times as large as it

ought to be, very tender to the touch, feeling perfectly solid all around the base of it, except just here there is a place where there is a slight sensation of fluid—fluctuation; letting the light shine on it, the most that I can get is a little transmitted light through the top, over a space about as large as a quarter of a dollar; the rest is all dark and very hard. Here is another patient where, on the other hand, by stretching the scrotum in this way, and putting my hand in front of it, so as to make the light shine through it, I can see through the whole of the tumor; it is translucent; the light shines through it very much as it does through a thin piece of pine. He has had this trouble seventeen years. It is a case of hydrocele, a quantity of fluid in the tunica vaginalis.

Although these two cases resemble each other somewhat in their appearance, the first is a case of epididymitis—inflammation of the epididymis, probably, more than of the testicle itself. And I say that because the patient has a discharge from his urethra, which, if not recent in its origin, the result of impure connection, is in all probability due to some strictured condition of his urethra, some old chronic inflammation, the remains of early indiscretion. He has an acute attack now, set up in his urethra, and as very often happens in these cases, there has been an extension of the inflammatory action down into the testicle, or into the epididymis, and we have now acute epididymitis.

The treatment of this case consists in putting the man on his back, if possible, covering this swollen testicle with an evaporating lotion, or, what feels better to a great many of them, a warm poultice pretty thoroughly saturated with an opiate—laudanum; a good many of these cases in the acute stage, are very much benefited by putting two or three leeches over the upper part of the spermatic cord—not at the scrotum, for we do not like to put leeches on to a tissue of that kind, as we should probably get infiltration of blood; we, therefore, put the leeches up here, where the cord goes through the external ring. In that way we get rid of the acute stage of the disease. Then the whole thing ought to be strapped with adhesive plaster, making a little pressure on it, and in a short time the swelling will all go down.

The case of hydrocele requires, for temporary relief, that this tunica vaginalis should be punctured with a small needle of an aspirator, and the fluid drawn off; that will give him temporary relief. But if he prefers what we call a radical cure, then in addition to drawing off the fluid, we must inject the sack with something which will set up an inflammation which we call adhesive; iodine may be used; some surgeons prefer to use it pure; others, diluted with water or alcohol; some use port wine. Almost any substance which will produce sufficient irritation to give adhesive inflammation. That is all the treatment that this case requires.

—Up to the close of January there had occurred in this city, this winter, 98 cases of small-pox, with 17 deaths, and 7 cases remaining under treatment.

## EDITORIAL DEPARTMENT.

## PERISCOPE.

## On Gastro-enteric Catarrh.

In the *Dublin Medical Journal*, Dr. Grimshaw describes this peculiar disease, not infrequently taken for typhoid. He says: This disease is quite common in Dublin, and I invariably meet with a considerable number of such cases in cold and damp seasons. During the progress of the debate on Dr. Cameron's paper, I had several such cases under my care, and I requested my clinical clerk to carefully record a few, from which I have selected the two following, as typical examples:—

CASE I.—W. P., aged 19, constable R. I. C.; first seen May 18, 1879; had felt out of health for previous three weeks; got suddenly worse on May 17, when he had a shivering fit. Admitted on the evening of the 18th of May, when he had headache, furred tongue (white), constipated bowels; no history of previous diarrhoea. Pulse 114; temperature, 103.4°. There was no tenderness of the abdomen in any part, and no rash of any kind.

His range of temperature was as follows:—

	Morning. Deg.	Evening. Deg.
May 18 .....	—	103.4
" 19 .....	102	101.4
" 20 .....	101.2	101.2
" 21 .....	100.4	101.8
" 22 .....	99	101.4
" 23 .....	99	100.2
" 24 .....	99.4	99.6
" 25 .....	98.4	98.5
" 26 .....	Normal.	

The treatment of this case consisted in the administration of six-grain doses of quinine every third hour, and mild purgatives to act on the bowels.

This patient, after a few weeks' absence, returned to the hospital with a similar attack.

CASE II.—R. W., aged 19, constable R. I. C.; first seen May 21, 1879; stated he had not felt well for some time before admission, having had attacks of cold and sore throat. On the day before admission he had a rigor. On the evening of the 21st his symptoms were: Hot skin, quick pulse, furred tongue, temperature in axilla, 102°, taches bleuâtres on abdomen. There was no abdominal tenderness or gurgling on pressure, no history of previous diarrhoea, and no rose spots.

His range of temperature was as follows:—

	Morning. Deg.	Evening. Deg.
May 21 .....	—	102.8
" 22 .....	98.8	101.6
" 23 .....	99	101.3
" 24 .....	99	98.8
" 25 .....	98.6	98.6
" 26 .....	Normal.	

This case was treated in the same way as case I.

These cases are, as I have stated, typical examples of ordinary gastro-enteric catarrh; they both occurred in constabulary patients from the barrack in the Phoenix Park, where there were a number of similar cases at the same time, but no case of enteric fever. Moreover, there had not been any cases of enteric fever among the men stationed in the Park, for a considerable time. Many cases of this disease are of a much more severe character, especially when the catarrhal inflammation extends to the large intestine, and is accompanied by diarrhoea. I am quite aware that this disease is fully described in many of our text books, but latterly it seems to have been overlooked, and many such cases have been called "gastric fever," which term is so frequently used to mean *enteric fever* that it appears to me that the number of cases of enteric fever have been much exaggerated.

## The Physiological Effect and Therapeutic Value of Sclerotinic Acid and Sclerotinate of Sodium.

Dr. W. Nikitin, in *Würzburger Phys. Med. Verhandl.*, xiii, reports the results of some experiments performed by himself under the guidance of Prof. Rossback, with sclerotinic acid, on cold and warm-blooded animals.

He found sclerotinic acid in the urine of the latter two hours after having injected it subcutaneously, but no trace of it after forty hours. Half a grain of the acid injected into his own arm produced a sharp, biting pain at the point of injection, with a feeling of warmth over the whole arm, which symptoms disappeared entirely within thirty-six hours. An injection of sclerotinate of sodium produced the same sensation, which, however, disappeared in a few minutes.

He found that three-quarters of a grain of either the acid or the salt, administered to frogs, and eight grains to warm-blooded animals (he does not specify), would produce general paralysis, while the smallest doses which proved fatal was for frogs 1½ grains, for kittens 4½ grains, and for rabbits 12 grains. The fatal doses of the sclerotinate of sodium was, for kittens 12 grains, and for rabbits 15 grains. The bodily temperature fell almost immediately after the injection of fatal doses from 1-3° C. (34-53° Fahr.), and remained low until death took place. The pupil contracted gradually during the paralytic stage and immediately before death.

After death the brain and spinal cord were found to be anæmic, while the lungs and intestines were congested, the bladder distended with urine, and the gall bladder likewise full.

From these experiments the author concludes that sclerotinic acid possesses all the virtues of ergot. The effect of the sclerotinate of sodium is similar to that of the acid, only somewhat less powerful. The effect of both is principally directed to the central nervous system. Frogs are very susceptible to the influence of sclerotinic acid, and among the warm-blooded animals the

carnivora are more susceptible than the herbivora. The reflex excitability is completely destroyed in cold-blooded animals, while in the warm-blooded it is only diminished. The excitability of motor nerves is, however, in no way influenced, and the striped muscular fibres remain intact. The heart's action is lowered in the cold-blooded animals, while in the warm-blooded it remains unchanged. The blood pressure sinks after smaller doses only temporarily, but after larger doses permanently. The frequency of the respiratory movements is gradually diminished, until they cease altogether, before the heart ceases to beat. Both preparations invariably produce contractions, both of the gravid and non-gravid uterus, and existing contractions are always increased. He has never observed any poisonous effect on the fetus. The fatal doses for man would probably, according to the author, be from  $\text{gr. iiss}$  to  $\text{gr. iij}$ . The advantage of these preparations over ergot, for therapeutical purposes, is that they are not affected by age, provided they be kept in a dry place; they should not be kept in solution. The author regards the sclerotinate of sodium as most suitable for internal administration.

#### Poisonous Action of Copaliba.

The following instructive case is given in the *Canada Medical Record*, by Dr. C. A. Wood:—

A short time ago I was consulted by A. B., aged forty-two, an American, of spare habit, for a gonorrhoea which he had contracted. As he was subject to dyspepsia I felt some hesitation about giving him copaliba, as I did not wish to derange his stomach. However, after treating him for some time, and finding that the discharge did not diminish to his satisfaction nor to my own, I prescribed, in a mixture, twenty drops of balsam copalibæ, to be taken three times a day, warning him, at the same time, that he must discontinue the remedy the moment he noticed any dyspeptic symptoms, and that I must see him as soon as he finished the first bottle. I did not see him again until ten days afterward, when I was sent for to attend him at his place of residence. On my arrival he told me that the first bottle "had done him a world of good," and that he had got a second bottle, which, for the preceding four or five days, he had been taking in double doses, with the view of getting rid of his trouble still more quickly. The night before I saw him he had been seized with violent headache, which lasted during the night, and did not diminish until ten o'clock in the morning.

He had also had some vomiting, was still suffering from nausea and anorexia. His tongue was coated, the temperature  $101.5^{\circ}$ , pulse 106, and there was a roseolous rash on his face, hands and chest, which was attended with tingling and itching. His bowels had moved several times during the day; the motion on each occasion being accompanied by pain, and there was slight strangury. I prescribed twenty grains of chloral and an equal amount of bromide of potassium in a draught, which gave him some sleep. At 5.30 P.M., the cephalalgia returned with increased intensity, and I was obliged to administer a hypodermic injection of morphia

to relieve the pain. During the night the patient was several times delirious, and the headache was only controlled by a mixture of liq. morphis and spts. chloroform; the chloral mixture being of no use whatever. Next morning there was a lull in the pain; but at 5.30 P.M. a second exacerbation set in; the headache became intense; the delirium was frequent, and the fever ran high. I was struck with the periodical character of the headache and fever, and learning that he had had intermittent fever in the West a few years ago, I thought it advisable to order the patient twenty grains of quinine, to be divided into four powders, and one taken ever hour until the headache was relieved. The good effect of this remedy was apparent after the first dose, and by the time the third powder had been taken the severe pain in the head left, the fever fell, and the patient slept during the remainder of the night. The next day another powder was given at 4 P.M., and still another at 5 P.M., and there was no return of the headache. In a few days he was out of bed. The strangury, nausea and diarrhoea gradually disappeared, but the rash persisted for a long time. This was undoubtedly a case of poisoning by copaliba, and the state of the patient's digestive organs probably hastened the toxic effect of the drug. Whether intermittent headache, fever, etc., are ever features of copaliba poisoning or not I have been unable to discover; if it were so, I imagine it would be difficult, in this instance, to place a proper value upon the fact of the patient having had ague. It would not be an easy matter to say positively whether the periodic symptoms were due entirely to the copaliba, or whether they could be referred to the previous attack of malarial poisoning.

#### Cold and Hot Water in Post-partum Hemorrhage.

Dr. Lombe Atthill says (*Dublin Journal Medical Science*) that in the lying-in hospital of Dublin this method has been adopted as a regular routine treatment.

The method of carrying out the practice is exceedingly simple. An ordinary syphon syringe is the only instrument required, though we now use one with a long vulcanite nozzle specially constructed for vaginal and intra uterine injection. This is carried up to the fundus, and, with the usual precautions against injecting air, and securing a free return, we inject water as hot as can be conveniently borne by the hand—i. e.,  $112^{\circ}$  F.—in a full stream into the cavity, continuing thus until a good contraction is secured, and the water returns quite clear and colorless.

The following are some of the results of our experience in the use of hot water:—

1st. In cases of sudden and violent hemorrhage in a strong and plethoric woman, it is better first to use cold.

2d. Where from the prolonged or injudicious use of cold, the patient is found shivering and depressed, the beneficial effect of injecting hot water is rapid and remarkable.

3d. In nervous, depressed and anæmic women, hot water may at once be injected, without previously using cold.

4th. In cases of abortion, where from uterine



inertia the ovum, although separated from the uterine wall, is wholly or in part retained, the injection of hot water is generally followed by most satisfactory results.

5th. Where the injection of the perchloride of iron is considered necessary, previous injection of hot water clears the uterus of clots, etc., permitting the fluid to come directly in contact with the bleeding surface, and lessening the chance of septic absorption.

#### The Audiphone and Dentophone.

Dr. Chas. S. Turnbull, of Philadelphia, describes these instruments, in the *Archives of Otology*, as follows:—



"The 'audiphone' (Fig. 1) consists essentially of a diaphragm of hard rubber. This diaphragm is very thin and elastic, and is cut in the form of a square with rounded corners, so as to present a collecting surface about one square foot in size. For purposes of convenient adjustment, it is furnished with a neat hard-rubber handle, and might easily, says the inventor, be taken for a fan of Japanese pattern.

When in use the upper and lower edges are made to approximate by a silken cord, so as to present a convex surface to the speaker and a concave one to the listener. The cord may be fastened at any convenient convexity of the surface of the auditory disk. When adjusted, the upper edge is pressing firmly against the anterior surface of the upper incisors, allowing the upper lip to rest upon the diaphragm, and the deaf person is then ready to listen." If the eye teeth can be used, they generally give the best results. False teeth may also be used, especially if they fit tightly; should they not, however, they may be made to do so by pressing the lower teeth against them. If the natural teeth be too far gone to be used as directed, the roots may in many instances be utilized by having artificial teeth set into them. The handle of the audiphone should be held lightly, and the lower teeth should not touch the diaphragm, nor should it be held between the teeth or pressed too forcibly against the upper ones, thus curving the instrument already bent by the cord. It must be borne in mind that in all cases the vibrations of the upper edge of the disk impart to the upper teeth the sound waves, which are transmitted through them to the cranial bones and auditory nerves.

*The audiphone, therefore, is entirely dependent upon the condition of the auditory nerves, because in direct proportion to the inherent power of these nerves—independent of the external and middle ears or acoustic apparatus—is the influence which this and all similar appliances will exert over the hearing power.* \* \* \* \*

Absolute nervous deafness, which is comparatively rare, is in no way whatever benefited by the application of the audiphone.

This deafness is caused by direct implication of the auditory nerve, through malignant, scarlet

and typhoid fevers, cerebro-spinal and other forms of meningitis, tertiary syphilis, cerebral tumors, trauma, consanguinity, hereditation, old age, etc.

Profound acoustic deafness, which is likewise comparatively rare, is markedly, and in some cases signally, relieved by the use of the audiphone.

This deafness is caused through direct implication of the middle ear (or conducting apparatus) and its appendages, through the several forms of catarrhal and purulent inflammations, scarlet and typhoid fevers, secondary syphilis, trauma, consanguinity, hereditation, old age, etc.

Those who are partially deaf, from whatever cause, as a rule, derive no benefit from the application of the audiphone; on the contrary, many such cases are annoyed by hyperacusis, etc.

Therefore, the number of cases in which "the deaf are made to hear" with the audiphone is comparatively small, when we take into consideration the whole number of our deaf population. Audition will be improved by its use in but few of the many deaf persons who enlist the service of an aurist.

To use the audiphone with success the auditory nerves must be normally sensitive, the hearing power for loud voice, through middle ear deafness, must be reduced to a minimum, and the upper front teeth must be solid. The acoumeter, the tuning fork, a thin sheet of vulcanite, of iron, of ash or poplar wood, and best of all, a sheet of bristol board or sized paper, will in every case enable us to decide whether the audiphone or its principle can be successfully applied.

Concerning absolutely deaf mutes and the audiphone, we need say nothing further. They must be left to the patient teachers of the several methods of educating the true deaf mutes.

To the semi-deaf mutes, however, the audiphone will open a new world of enjoyment, and prove a useful instrument, especially in the hands of all instructors in our asylums for the deaf and dumb, in educating children according to Bell's method of visible speech; especially as very few even of those who are supposed to be born deaf are totally without some slight degree of hearing power; hence, nearly all of those educated in the asylums may be taught to speak, inasmuch as their dumbness is owing solely to their want of use of the organs of speech. "Mutes," says the inventor, "will learn to speak by holding the audiphone against the teeth, as already directed, and practicing speaking while it is in this position." It is a good exercise for the mute, at first, to put one hand on the instructor's throat, watch the motion of his lips, while his other hand is on his own throat, the instructor meantime holding the audiphone to the mute's teeth. The mute will feel the influence of the sound in his hand on the instructor's throat, imitate it in his own throat, will hear the speaker's voice on the audiphone, and will be aided in imitating the speaker by seeing his lips, and will also hear his own phonation sounds as reflected from the audiphone, and the more readily, therefore, learn to articulate.

Music, its varying sounds and harmonies, as conveyed by means of the audiphone, awakens

in the semi-deaf mutes an unusually pleasurable sensation, as manifested by their gesticulations and facial expression.

Under the pretext of being a fan, the instrument can seldom be used, and, being cumbersome and conspicuous, is open to the same objections as the ear-trumpet.

The "Dentaphone" is a novel instrument of the same practical application and acoustic principle as the audiphone, but constructed more after the plan of the telephone.

It is represented by Fig. 2, and "consists, in



brief, of a chambered box (similar to a telephonic mouth-piece) in which is secured an exceedingly delicate, easily vibrating, diaphragm. Connecting this with a wooden tooth-piece is a silken cord of variable length. The person using the dentaphone simply holds the instrument receiver

in his hand, in any convenient position, with the tooth-piece between the teeth, and the open side of the receiver facing toward the speaker. The silk conducting line connecting the receiver with the tooth-piece should be kept moderately tight, and may be shortened or lengthened to suit the convenience of the person using the instrument."

The dentaphone weighs but one ounce and a half, and can easily be carried about the person. In testing the instrument, it compares most favorably with the audiphone, and answers fully as well for all requirements.

It is used for precisely the same class of cases as are improved by the audiphone, and bids fair to be a powerful rival.

Concerning an appropriate or descriptive name, we would prefer the term "Dento-Audiphone," and recommend the substitution of fans (made of thin, elastic wood, "bristol" or "binder's board," which are to be held between or against the teeth, and bent into a curve by pressure from the handle toward the teeth.

## REVIEWS AND BOOK NOTICES.

### NOTES ON CURRENT MEDICAL LITERATURE.

—Parts ix and x of the "Atlas of Histology," by Dr. E. Klein and Mr. E. Noble Smith, give the microscopic structure of the thymus gland, the lymphatic vessels, the teeth, the salivary glands, the oral cavity, pharynx, œsophagus, and stomach, the intestines, pancreas, trachea, bronchi and lungs. The plates are, if anything, finer and more delicate than in the preceding parts.

Every histologist will be more than satisfied with the work. It is a *chef d'œuvre*. For sale by J. B. Lippincott & Co., Philadelphia.

—Parts v and vi of the "Photographic Illustrations of Skin Diseases," by Dr. George Henry Fox, give us faithful representations of eczema and psoriasis. The descriptions are clear, the points of diagnosis well put, and the directions for treatment ample, and drawn from large clinical experience. The coloring of the photographs is extremely life-like, and they can be recommended as most instructive. Published by E. B. Treat, 805 Broadway, New York city.

—The latest of the American Health Primers, edited by Dr. W. W. Keen, is entitled "Brain Work and Overwork." It is by Dr. H. C. Wood, and while it is the shortest, it is one of the best, of the series so far issued. Exception may be taken to several statements made very positively on questions still held under doubt by most neurologists. This apart, the style is agreeable, and there is a quantity of instructive hints in it. The series is now published by Mr. Presley Blakiston, 1012 Walnut street, Philadelphia.

## BOOK NOTICES.

**The Student's Guide to Diseases of the Eye.** By Edward Nettleship, F.R.C.S., &c., with 89 Illustrations. Philadelphia, H. C. Lea, 1880. Small 8vo, pp. 369.

The aim of this small work is stated by the author to be "to supply students with the information they most need on diseases of the eye, during their hospital course." About 50 pages are occupied with directions for the examination of the eye; about 250 pages with diseases of the eye proper; and the remainder on such diseases in relation to those of the general system. The list of authorities given by the author embraces the usual standard works on the subject, and in making the condensation he has attempted to preserve as much fullness as is consistent with the size of the volume. In this he has succeeded in some parts better than others, but on the whole, to a satisfactory degree. His discussion of color-blindness is rather superficial, and his description of the ophthalmoscope and the practice of ophthalmoscopic examination is so condensed as to give the impression of obscurity in places. The illustrations which are scattered through the book are necessarily small, but are generally well cut and well printed. No doubt, to many besides students, this manual will prove very convenient.

**Pharmacographia; A History of the Principal Drugs of Vegetable Origin** met with in Great Britain and British India. By F. A. Flückiger, etc., and Daniel Hanbury, F.R.S., etc. Second edition. London and New York. Macmillan & Co., 1879. 1 vol., half sheep, 8vo, pp. 803.

When the first edition of this work was published, it was at once recognized as the product of very great labor, guided by the most thorough scientific spirit. It is a monument of industry and sound judgment. Its field is clearly defined. Taking up the drugs of vegetable origin only, it discusses them from a purely botanical and historical standpoint; it does not enter into their pharmacæutic, still less into their therapeutic or economic uses. Having given the synonyms of a drug, the authors proceed to discuss its botanical origin, history, and description as it occurs in the trade, microscopic structure, chemical composition, commercial importance, and, briefly, its uses. Where substitutes for it are known, and where adulterations of it are prevalent, these are mentioned.

In this manner all the representatives of the vegetable *materia medica* are discussed. The accuracy and extended researches of the authors are remarkable; we know of no work on the subject equal in this respect. It is to be regretted that since the publication of the first edition Mr. Hanbury has passed away from his instructive labors; the present edition, brought out under the supervision of his associate, has been carefully revised, and a number of additions made from the most recent works and papers on *materia medica*. It contains descriptions of most of the lately introduced vegetable remedies, though we have noted the absence of several which we had expected to find mentioned.

**On Loss of Weight, Blood Spitting and Lung Disease.** By Horace Dobell, M.D., etc. Second edition, revised, enlarged and annotated. London, J. & A. Churchill, 1880. 1 vol., 8vo, cloth, pp. 306.

Few readers of medical literature in America are unacquainted with the writings of Dr. Dobell. The series of works he has either produced or edited, chiefly upon thoracic diseases, have made his name familiar to the profession of both continents. He is remarkable for painstaking accuracy of observation and for thoroughness in working up results. Nowhere are these traits more conspicuously shown than in the work before us. It takes up a few of the prominent symp-

toms of a leading class of lung diseases, and seeks to estimate with accuracy their diagnostic and prognostic value, their pathological relations and therapeutic significance. As is usually found in Dr. Dobell's works, questions of treatment occupy a prominent place. In this he is in favorable contrast with many medical writers, those who seem to think that pathology and diagnosis are the principal matters for the physician to look to, while the fate of the patient may be safely left to "the efforts of Nature." Fortunately, a majority of practitioners still decline to follow this doctrine, and it is gratifying to learn from the book before us (page 136), that, through Dr. Napheys' *Modern Medical Therapeutics*, Dr. Dobell's most excellent combination for checking pulmonary hemorrhage has been introduced into the principal hospital in Havana, as the standard house mixture in such cases, with the most satisfactory results.

The author not only gives large extracts from his own clinical experience, which has been very extensive, but he adds the opinions and views of very many other leading authorities on the subjects of which he treats, endorsing or questioning them, as his own observation leads him to agree or disagree. The last chapter, on the relation of disorders of the liver to lung disease, is entirely new, and is of great interest in this country, where hepatic complaints are of considerable frequency.

**A Manual of the Practice of Surgery.** By W. Fairlie Clarke, etc. Revised and edited by an American Surgeon. New York, Wm. Wood & Co., 1879.

In the *REPORTER* for January 31, page 102, we noticed the republication of this work by G. P. Putnam's Sons. It now appears as one of the volumes of "Wood's Standard Library." We expressed our opinion of the merits of the work on the page referred to. The (anonymous) American editor has in a measure corrected some of the omissions and oversights we alluded to; while he has left a number which also should have received attention. We must also add that in his preface he is rather disingenuous in one particular; he announces that "many new woodcuts have been added," but says nothing of how many have been subtracted. In point of fact, the Putnam edition has 190 woodcuts, while the Wood edition has but 168. Mr. Clarke's work would have been better for a thorough revision, including the re-writing of several of his chapters, and the introduction of more complete descriptions of new appliances.

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#### LEGISLATION ABOUT QUININE.

Cheap and good sulphate of quinine is the wish of every intelligent physician. The value of this alkaloid is simply incalculable. None of the many substitutes suggested can approach it in efficacy in real, malignant, miasmatic fevers. Without it, the suffering of the race would be vastly increased, and the death rate sensibly rise.

How to have it cheap and good has very properly engaged the attention of physicians and statesmen. Their motives have been excellent, but their measures ill-considered and ignorant. Last spring quinine was placed upon the free list, as all our readers know. In the last half of 1879, there was a material reduction in the price of the drug. Was this attributable to the repeal of the duty? Far from it. In a statement prepared by the American manufacturers, they very justly point out that, while this repeal may indeed have had some slight influence, the real and main reason for the decline was the unusually small fall consumption in the United States, and the cessation of the war in Europe, causing

an accumulation of cinchona barks in New York and London, and a consequent fall in prices of this crude material of about 25 per cent. It has been stated that, within the memory of our older druggists, a period so exempt from malarial disorders in our western country as that of the fall of 1879 has been unknown. Large quantities of foreign quinine, sent here soon after the repeal of the duty, were pressed upon a market already overstocked, considering the slight demand. This naturally led to a decline in price, which would have occurred, even though the duty had not been repealed. The value of all commodities is controlled by the great law of supply and demand.

Since January 1st, 1880, the price has increased about 40 cents an ounce, with a strong probability of a further rise.

It is needless to say that the American manufacturers were greatly displeased at the repeal of the duty; and the pharmacists throughout the country mostly sympathized with them. Thus the Western Druggists' Association, composed of the most extensive sellers of quinine in this country, at their meeting in November last, passed resolutions declaring that—

"The quinine bill, as passed, was in violation of all sound principle, and there should be no delay in passing, at the opening session of Congress, a supplementary law giving to American manufacturers of this important article the relief and protection imperatively demanded."

As we pointed out at the time, the bill was a most unfortunately framed one, put together by provincial physicians who knew nothing, apparently, of the method of manufacturing quinine, and hence were unable to frame a bill to attain the very desirable object they had in view. Nor were they willing to be enlightened. They avoided free discussion, which is the only mode of attaining accurate views. Hence, they fell into the blunders we have more than once pointed out. The bill they passed repealed the duty on the manufactured article, and allowed the duty to remain on the materials out of which it is made, thus making a most ruinous discrimination against American manufacturers. A duty of \$2 per gallon is imposed on fusil oil, a duty of



one-fourth of a cent per pound on soda ash, and a duty of 10 per cent., *ad valorem*, on East India bark when bought in Europe. There is also a tax of 90 cents per gallon on distilled spirits. All these articles enter into the manufacture of quinine, and they are heavily taxed, while the manufactured product comes in free of duty.

The consequence of this silly legislation will be to force American manufacturers to cease making quinine, and then supplies would have to come exclusively from abroad. As it would be impossible to provide for so uncertain a demand as attends the article in this country, speculators would ask excessive prices in times of scarcity; consumers might receive quinia of doubtful purity, and might fail to secure an adequate supply when most urgently needed.

In case of war the country would seriously feel the loss of the home manufacturers, who have for many years been accustomed to hold large stocks of bark, as well as of the finished product, feeling committed to meet the requirements of the country; and they have usually succeeded in so doing, even at times of sudden and serious outbreaks of malarial fevers.

There is no doubt but that this danger is imminent.

It is most important that the manufacture of quinine be retained in this country; it is also most important that the drug shall be cheap. To accomplish the first the manufacturers ask a protective tariff; we doubt its propriety; we do not believe it necessary; we think it would favor monopoly and make quinine dear. What should be done? Rather allow manufacturers a drawback on all duties and taxes levied on articles used in its manufacture, give them every facility to manufacture cheaper than any other nation, and encourage, if need be, the formation of new firms to carry on the business. The importance of the subject justifies special legislation. Let us have it. It might be worth consideration whether a Government manufactory should not be projected. Quinine is as essential to an army as ordnance. During the war the Government Laboratory did excellent service. But, apart

from that, the haste to legislate back the duty would not prove satisfactory. More or less should be done; and whatever is done, let it only be after full and fair discussion, and not by a parliamentary trick and in ignorance of facts.

Let us not repeat the errors which have already been committed in this matter; and to avoid them let us have no concealment.

## NOTES AND COMMENTS.

### Therapeutical Notes.

#### CHLORIDE OF ZINC IN NASAL POLYPUS.

M. Richard, of Paris, in a recent paper, gives a case in which a lad entered the hospital to be treated for epistaxis. On examination a large naso-pharyngeal polypus was observed compressing the velum and hindering deglutition. An operation having failed, the tumor was injected with a few drops of the chloride of zinc solution. At the end of a few days a large white slough was detached, and the injection was renewed. In three weeks the lad left the hospital cured.

#### FORMULA FOR GUAIACUM.

As a good combination for administering this drug, a correspondent of the *British Medical Journal* recommends—

R. Tinct. guaiaci (Ph. U.S.A.),  
Liq. potassæ,                      ℥ss    ℥xv  
Glycerinæ,  
Aquam cinnamomi, ad            ʒj. M.

This is a clear solution, mixing with water in all proportions, and disguising the burning flavor of the drug.

#### IODOFORM IN CHRONIC ARTHRITIS.

Prof. Gubler employed ten parts of iodoform to twenty of sulphuric ether and twenty of alcohol. When dissolved the liniment should be applied to the diseased joint by means of a pencil. The parts should then be covered with a piece of oiled silk. For the same affection Dr. Cottle dissolves iodoform in chloroform.

#### ZINC OXIDE IN ECZEMA.

Dr. H. Fisher writes to the *Lancet* that the following lotion "acted magically" in a number of cases of chronic eczema which he had been called upon to treat:—

R. Zinci oxidi,                      ʒiv  
Aque destil.,                      ʒviij

Rub up and add—

Acidi hydrocyanici (Scheele), ʒj. M.

Of course it is poisonous; but even without the hydrocyanic acid the simple lotion will prove of great service.

**Thermo-chemistry.**

In the recently published *Essai de Mécanique Chimique*, by M. Berthelot, the author defines the fundamental principles of thermo-chemistry, as follows:—

"1. Principle of molecular work. The quantity of heat disengaged in any reaction is a measure of the sum of the chemical and physical work accomplished in this reaction.

"2. Principle of the calorific equivalence of chemical transformations, otherwise called principle of the initial state and the final state. If a system of simple or compound bodies, taken in fixed conditions, experiences physical or chemical changes capable of leading to a new state, without giving rise to any mechanical effect exterior to the system, the quantity of heat disengaged or absorbed by the effect of these changes depends solely on the initial and final state of the system; it is the same, whatever the nature and order of the intermediate states.

"3. Principle of greatest work. Every chemical change accomplished without the intervention of external energy tends toward the production of the body, or the system of bodies, which disengage the most heat."

**Experiments upon the Head of a Decapitated Criminal.**

We learn from the *Chicago Medical Journal and Examiner*, January, 1880, that Messrs. Decaisne, of Paris, have made certain experiments upon the head of a decapitated criminal, which demonstrate that the popular ideas respecting the survival of consciousness after the act of execution are totally erroneous. The traditions which teach that certain heads have exhibited phenomena, in the winking of eyelids, biting of lips, blushing, etc., belong evidently to the category of the ghost stories of the nursery. The Messrs. Decaisne, although experimenting upon the head immediately after the descent of the fatal axe, were unable to elicit the faintest evidence of vitality.

**Sulphuric Acid as a Prophylactic in Cholera.**

The *Indian Medical Gazette* informs us that Dr. MacCormac, consulting physician to the Belfast Royal Hospital, has written two letters to the Secretary of State for India, urging the prophylactic use of dilute sulphuric acid during cholera epidemics. Every one living within the affected area is to have ten drops in a teaspoonful of peppermint water once or even twice daily.

In commenting upon this, the *Gazette* further remarks that the remedy is, at all events, very

economical, for a pennyworth of the acid in England will render 1200 persons "approximately" safe for one day and night; but as Dr. MacCormac apparently relies upon a solitary experience of its effects, which he gained during the occurrence of cholera at Belfast, in 1854, it seems strange that the remedy should find support in what cannot but be considered a very remote and limited practice; but measures are to be at once taken to bring the "specific" under the notice of medical officers, both civil and military, in India.

**Vaccination and Varicella.**

A physician of this city recently informed us of a case in which he had performed vaccination on a child, followed in a few days by the usual signs of a successful result. But on the seventh day the child was attacked with varicella, and the redness, etc., disappeared around the vaccinated surface, and all signs of irritation passed away. On the fourteenth day, when the varicella had run its course, renewed signs of the vaccine impression began, and a perfect vesicle was formed, following the usual course. Thus, the virus had lain dormant in the system during the presence of the acute disease. Can similar instances be furnished?

**The Vitality of Certain Bacteria, when Exposed to a Low Temperature.**

The *British Medical Journal* of January 10, 1880, informs us that at a meeting of the Académie des Sciences, on December 15th, M. Pasteur announced that he had ascertained by recent experiments, that the characteristic infective organism which is the bacteridium of splenic disease, and the infective organism which produces the affection known as cholera of fowls, are both capable of supporting a temperature of 40 degrees Centigrade below zero (40° Fahr.), without losing their faculty of multiplying in culture-fluids or their peculiar virulence as agents of infection.

**Balsam Copaiba in the Treatment of Jaundice.**

Mr. Continho, in a paper read before the Grant College Medical Society, of Bombay, states that he has treated numerous cases of jaundice with copaiba, and found that under its use the urine becomes copious and lighter in color, and the stools gain gradually their natural yellowishness.

—To obviate hereditary tendency to disease in the young.—"Wash them, air them, and iron them."

## CORRESPONDENCE.

## Uterine Fibroid Cured by Ergot.

ED. MED. AND SURG. REPORTER :—

The patient whose case I have deemed worthy of a report in your journal came under my observation September 14th, 1878. Age 42 years. Had given birth to three children, the last of which was stillborn at seven months.

As subjective symptoms, patient complained of being tired all the while, and suffered from a profuse menorrhagia, being obliged to use from 20 to 30 napkins at each period. Otherwise the menstrual function was normally performed, recurring at regular intervals of four weeks, without much pain, and lasting only five or six days. Said she had noticed an abdominal enlargement since the month of May preceding; and had suffered more or less from "bearing down pains," difficulty of walking, and a leucorrhœal discharge for three years, all of which she attributed to "falling of the womb."

A vaginal examination revealed a fibroma in the anterior wall of the uterus, so large as to reach half way to the umbilicus. The uterine sound could not be introduced, as the growth projected into the cavity of the uterus. In view of the excessive menstrual flow, and with the idea of ultimately shutting off the nutrition of the tumor, and causing its expulsion, the patient was given ext. ergot. fld., in fifteen minim doses four times a day, and a tonic of acid. nitro-hydrochlorici with strychnia, after meals. This treatment was followed with occasional changes of the ergot for belladonna, for a few days at a time, until June 12th, 1879. The reason of the changes from ergot to belladonna was because of the nausea produced by the ergot after taking it two or three weeks. During this period (from September 14th, 1878, to June 12th, 1879) the symptoms continued about the same, with only a slight improvement of strength. The monthly hemorrhage was not at any time much improved, but, on the contrary, gradually increased after March 1st.

The patient was now making monthly visits to my office, which she continued to do until June 12th, at which time I was called to see her. I found her so anæmic as to be unable to walk across the room without causing severe palpitation of the heart. Edema of feet and legs considerable. Knowing that unless something was done to check this great drain from the system my patient must soon go down, I increased the ergot to drachm doses of Michaeli's fluid extract once in six hours. On the morning of the 14th found the patient suffering from tonic contraction of the uterus, which had continued since the fourth full dose of ergot was taken. The menses were due on this day, but as they had not appeared, and the contractions being severe, the ergot was omitted and morphia given in sufficient doses to partially relieve the sufferings of the patient. A vaginal examination at this time found the os dilated to the size of a dime. No special changes occurred in the symptoms for four days, when clots were expelled, at intervals of six or eight

hours—some very small ones and others larger. The pain, which was rendered bearable by the daily use of morphia, together with the expulsion of clots, continued until June 27th, when I was called in haste to my patient. On examination I found a membranous mass, as large as my hand, hanging from the cervix and protruding at the vulva; upon making a little traction, I easily tore it away. Decomposition having begun, its odor was terribly offensive. Upon further examination the os was found dilated to about the size of a silver quarter-dollar, with more of the membranous substance protruding. There was no hemorrhage at this time. Copious vaginal injections of warm, carbolyzed water were now made use of every four hours. Ergot in ten-minim doses was given once in six hours. Opiate was continued in diminished doses. During the next three days three sloughy masses were discharged, at intervals of twelve or fourteen hours.

On July 1st, four days after the first discharge took place, the patient experienced a violent chill, and the temperature went up to 104° F. A good deal of discharge took place on this day, the whole of it being covered with pus. Ergot continued; carbolyzed injections every two hours. Sulph. cinchonidia in fifteen grain doses was given morning and evening, with all the milk-punch the stomach could take care of. Bowels opened by enemata.

July 2d, p.m., temperature 102° F. Treatment continued as the day before. The temperature gradually declined until July 5th, when it reached the normal standard. Sloughy discharge still continues, with a considerable diminution in size of the tumor. Carbolyzed injections continued once in four hours. Cinchonidia omitted, and tr. ferri chloridi, ten minim doses, given once in four hours. Ergot continued, also milk-punch and gruel.

On July 12th another violent chill occurred, followed by an elevation of temperature to 104° F. Two doses of cinchonidia sulph., of fifteen grains each, were given in twenty-four hours, and other treatment continued, with carbolyzed injections once in two hours.

On July 19th temperature again reached the normal standard. Discharge continues, purulent and very fetid. Tumor reduced to less than one-half its former size. On account of nausea, ergot omitted. Tr. ferri chloridi continued, also injections. Milk punch, beef extract and gruel *ad libitum*. Symptoms continued, with slight variation, until July 26th, when two masses of the sloughy substance, each as large as a hen's egg, were expelled. From this time the discharge rapidly diminished.

On August 1st an examination found the uterus in a state of anteversion; its depth, on the introduction of the sound, measuring four and a half inches. Patient able to sit up four or five hours a day. Appetite excellent, and no pain. At this time all treatment was discontinued, with the exception of the tr. ferri chloridi, which was given two weeks longer, after which all medication was stopped. The patient at this time is enjoying excellent health; menstruates regularly, the discharge being normal in quantity and duration.

L. M. GREENE, M.D.

Bethel, Vt., Jan. 1, 1880.

## The Action of Milk.

ED. MED. AND SURG. REPORTER:—

I send you some observations in regard to the action of milk.

It has long been conceded that good milk is the best nutriment, in fact, the food *par excellence*, in all low forms of disease, being easy of digestion, and containing in itself all the elements required for the sustenance and growth of the human body, combined with an alkali to neutralize any acid it may come in contact with. It is absorbed along the entire length of the alimentary canal, making it especially indicated in all forms of disease where the digestive organs have, or may, become enfeebled.

It has wonderful absorbent properties. I had a butter maker who supplied me with an extra article of fresh, sweet butter. One day she brought us a lot of very fine-looking butter, which upon trial was found wholly unfit to eat. I was passing her house, and called to see what was the cause of the change, and on investigation I found she had set the milk in the cellar, which contained quantities of decaying vegetables. At my suggestion she removed the milk to a room where it got fresh, pure air, and her butter was as sweet as at first. Rancid butter, which is entirely unfit to eat, may be made palatable by washing it thoroughly in sweet milk.

We all know how readily the infant is medicated, by giving the medicament to the mother; and that infants that are nursing are much less liable to contract any contagious disease. I have never lost a nursing infant from scarlatina, and I have observed numerous instances where all the members of a family would have scarlet fever, and the nursing escape. A friend of mine had a little girl, three years of age, that lived entirely on milk; all the rest of the children had scarlet fever, and the little milk eater slept with one of them during her illness, and escaped the contagion.

Some five or six years since I treated five families for smallpox, in each of which there were from four to six children—parents and children all alike unprotected by vaccination—and in each family an infant, and in each case the nursing escaped with only an occasional pock scattered over the body, and not sick enough to prevent their playing and crawling over the floor.

I have been practicing my profession here in the Sangamon Bottom some twenty-eight years, one of the worst miasmatic districts in Illinois, and during this time I have treated a great many cases of typho-malarial fever, as well as typhus, and those of my patients who took milk freely were not so much reduced, the disease ran a shorter course, and they made a more rapid recovery than those who were fed on beef tea and other aliments. Now, why is this, when the lesion is in the very tract through which the milk would have to pass to be appropriated, the oily part of which might be expected to increase the morbid action; notwithstanding this, the milk is almost unanimously considered to be the better diet.

Why all this, unless there is in milk some other property than simply its nutrient qualities.

It certainly favors elimination, and may it not possess prophylactic, and possibly antiseptic properties, which have been overlooked? I am inclined to think it does, and wish to call the attention of the profession to these facts which have come under my observation.

Chandlersville, Ill.

N. S. READ, M.D.

## Early Experiments with Hydrobromic Ether.

ED. MED. AND SURG. REPORTER:—

While conducting my investigations concerning the new anæsthetic, hydrobromic ether, or bromide of ethyl (bromic ether) which I have introduced and recommended to the profession, I learned, through the courtesy of a brother professional who had been searching through some old medical literature, that, in an article upon "Anæsthesia and Anæsthetic Substances Generally," the late Dr. Thos. Nunnely, of Leeds, Eng.,\* reported, as far back as 1849, that he had employed the bromide of ethyl in experimenting upon animals, and in 1865, at the meeting of the British Medical Association,† Dr. Nunnely stated that he had employed either hydrobromic ether or Dutch oil (chloride of olefant gas) in all the principal operations at the Leeds Eye and Ear Infirmary.

Notwithstanding the publishing of these facts, promulgated at the meeting of such a society as we have mentioned, no further notice seems to have been taken of the subject. It was mentioned as an agreeable substitute for chloroform and ether, but not fully endorsed nor recommended, and all interest awakened by the anæsthetic, if there ever was any, died out, because from that time no mention of the facts under consideration was ever made, until revived by the French in 1876 and '77, and by them introduced into this country. I was, however, not only the first one to use it in this country upon man, but also the first one in any country to recommend, from my own experience, its adoption for general use in surgery, as both safe and most convenient; and at the same time was the first to particularly point out its advantages over both chloroform and ether, or any other anæsthetic.

My first experiments, after having employed the lower animals, were made upon myself, and subsequently upon over thirty-five successful surgical cases, before I took the liberty of recommending hydrobromic ether‡ to the profession at large.

LAURENCE TURNBULL, M. D.

\* Transactions of Provincial Med. Asso., Vol. 16, 1849, page 206.

† British Med. Journal, Aug. 19, 1865, page 192.

‡ "Advantages and Accidents of Artificial Anæsthesia, Philadelphia, 1878."

## NEWS AND MISCELLANY.

## Portrait of the Late Professor Charles D. Meigs, M.D.

It will be interesting to the numerous friends and alumni of the Jefferson Medical College to learn that in December last Dr. John Forsyth Meigs presented a portrait of his late distinguished father, Prof. Charles D. Meigs, to the College, through Dr. Gardette, President of the Board of Trustees. This liberal gift, in these days of med-



ical cliques and contending colleges, is a copy from the original of the late Professor, painted by Waugh, who has reproduced an equally perfect picture, which only waits for the frame to be hung in the Jefferson College Hospital, by the side of his former colleague, the learned Dunglison, who, with Prof. Meigs, was largely influential in establishing the permanent prosperity of the Jefferson College.

#### Secrecy vs. Science, in Philadelphia.

The members of the Philadelphia County Medical Society are in a position that would be ludicrous, were it not also rather degrading to men of science. They have given a certain publisher the exclusive right to every article that is read and every word that is uttered at their meetings. They do not dare to permit a reporter to be present, nor to allow a gentleman who reads a paper to give even a verbal abstract of it, or to make any use of his own labor, until this publisher is pleased to grant permission. The few who have ventured to do so have brought down upon themselves severe reprimands, and have promised not to do so again, we suppose. What a position is this for a learned society of medical men to assume! What a reflection on professional independence and the catholicity of science!

#### Atlantic City as a Winter Health Resort.

Of the numerous resorts for health and pleasure which dot the Atlantic coast, from Maine to Florida, we know of none which deserves its popularity more justly than Atlantic City. What it is in summer, thousands know; but that it also has a most agreeable and beneficial winter climate is less familiar to the profession and to patients, although its fame in this respect is growing every year. Its temperature in winter is constantly from 5 to 10° higher than that of New York or Philadelphia; the skies are clearer; there is less fog; while numerous well kept hotels and bathing establishments secure comfort to the inner and outer man. *Expertus loquor*. Used up, from work and loss of appetite, a few weeks since, we concluded the quickest cure would be sea air and idleness. Less than a week of such pleasant regimen at Atlantic City restored us, as the advertisements say, "like a charm." To any of our readers who will try the same dose we can also recommend a certain good hotel there, of moderate price.

The Atlantic City Review, of recent date, gives an excellent sketch of the sanitary advantages of the city, largely from material furnished by Dr. B. Reed.

#### Sixth Decennial Pharmacopœia Convention.

We have received the following:—

"By virtue of authority devolved upon me as the last surviving officer of the Pharmacopœia Convention of 1870, I again call the attention of 'the several incorporated State medical societies, the incorporated medical colleges, the incorporated colleges of physicians and surgeons, and the incorporated colleges of pharmacy, throughout the United States,' to the importance of appointing delegates to the sixth decennial phar-

macopœia convention, and of sending the names and residences of the same to me for publication. The convention meets on the first Wednesday in May, 1880, and I am required "to publish the names and residences of the delegates, for the information of the medical public, previous to its meeting."

JAMES E. MORGAN, M.D.,  
905 E Street, N. W., Washington, D. C.  
Washington, D. C., Jan. 28, 1880.

#### Reports of Infectious Disease.

Dr. Snow, of Providence, R. I., says, in his last monthly report as registrar:—

Commencing with the first of January of the present year, the regulations of the board of Aldermen have required physicians to report cases of contagious, infectious or epidemic diseases as they come to their knowledge. The importance and benefit of this information, not only to the public, but also to the medical profession, commend themselves to the good sense of every physician, and we are happy to record that physicians have very generally taken an interest in the matter, and have endeavored to aid in giving the information needed.

#### German Eye and Ear Infirmary.

In the year 1879 there have been gratuitously treated at the German Eye and Ear Infirmary, 441 North Fifth St., 1326 patients, of which number 917 were for eye diseases, and 409 for ear diseases. The number of important operations performed in the institute was 101, of minor 167.

The officers of the Infirmary are Charles H. Meyer, L. Westergaard, J. Koerper, M.D., Prof. John M. Maisch, etc. Surgeon in charge, M. Landesberg, M.D.

#### New York State Medical Society.

This Society met the first week in February, in Albany, with an attendance of about 200 members. Our report of the proceedings reached us too late for this number, and will appear in our next.

#### Personal

—Dr. E. P. Banning, an article from whom appeared in the REPORTER, January 24th, hails from New York, instead of Boston, as there stated.

—Dr. Kate Stanton, who stumped New York State for Horace Greeley, during the Presidential campaign of 1872, it is said, will soon be married to Joaquin Miller, the poet of the Sierras.

—Dr. Paul Broca, of Paris, the eminent anthropologist, has been elected Life Senator in the French Senate, to succeed the Count de Montalin, deceased, defeating M. Bertoland by eight votes.

—Ex-Governor Seymour again refuses decidedly to be a presidential candidate, because he was once sunstruck, and he is satisfied no person ever fully recovers from the effects of that lesion. He is right.

—Two Baltimore physicians, Drs. J. E. Claggett and J. W. Walls, were sued for alleged malpractice, damages \$10,000, and the case

was tried last week. The case was one of fracture of the arm. Dr. Walls explained its nature and the treatment adopted so clearly that at the conclusion of his testimony the counsel for the plaintiff arose and said: "The plaintiff takes pleasure, as well as does his counsel, in saying that this suit was brought under a misapprehension of the facts, and he is so impressed with the Doctor's free, full and candid explanation of the whole case, that he authorizes his counsel to apologize to the Doctor, and to enter a non pros. in the case."

#### Items.

—The Milwaukee County Hospital was destroyed by fire February 2d. Two of the patients perished in the flames.

—At Newark, N. J., a charitable Eye and Ear Infirmary was opened on February 2d. The managers are some of the wealthiest residents of Newark, and among the doctors on the medical staff are most of those who withdrew from St. Michael's Hospital.

—Notwithstanding the supposed "unwholesome" character of the weather of nearly the whole of the past winter, we have nothing to complain of in this city, in the way of the general health. Last winter was an unusually severe one, but as far as healthfulness was concerned, was far behind that of 1879-80.

—Middletown, N. Y., and Creston, Iowa, are competing for the most wonderful story of men who vomit odd-looking living monsters from the stomach. The newspapers have had columns about it. Will not some physician resident in these towns settle the question by an examination of the alleged parasite?

#### OBITUARY NOTICES.

—On February 4th, at Verona, N. J., occurred the sudden and tragic death of Dr. Personnet, one of the oldest and best known medical practitioners in Essex County. He was thrown from his carriage and almost instantly killed.

—Dr. Samuel Welchens, a prominent dentist of Lancaster, died in that city, February 1st. He started, and for three years published, in Lancaster, the *Journal of Dental Science*. In all matters pertaining to his profession he bore a leading part.

—Dr. William D. Noble, a prominent physician of Federalsburg, Md., died suddenly, of apoplexy, on the evening of January 18th. He was a gentleman of extensive reading, of sound judgment and remarkable memory. Besides the practice of his profession, he was editor of the *Courier*, in his town, and wielded a forcible pen. He was fifty years of age.

—On January 28th, Dr. James W. Scribner, of Tarrytown, died at his residence in that village, aged fifty years. He was one of the most prominent doctors and surgeons in the State of New York, and was highly esteemed for his eminent qualities as a physician and citizen. He was the son of Dr. James Scribner, who was also prominent in his profession. His death was from cancer.

#### QUERIES AND REPLIES.

##### Cod-liver Oil Emulsion.

In reply to Dr. W. B. T., the following R is given by Dr. N. W. Cady, of Ind.:

R.	Ol. morrhuae.,	3iv
	Ovi. vitelli,	No. ij
	Syr. acac.,	
	Glycerinae, aa	3 iss
	Aq. menth. pip.,	3 j. M.

This makes a 50 per cent. emulsion, which is not nauseous and remains permanent quite a long time.

Dr. S. O. Stockslager, of Iowa, writes:—The only emulsion I consider perfect is the following: it is not nauseous, is permanent, and easily digested:—

R.	Ol. morrhuae.,	3 xij
	Tinct. iodin.,	3 ij
	Ether. sulph.,	5 vj
	Ess. cinnamon.,	3 ss.

Tablespoonful after each meal.

—Dr. S. S., of Texas, in reply to Dr. B. L. L., (Ref., p. 89) states that bruised gentian root, used as a substitute, will destroy the taste for tobacco.

—Dr. M. L. D., of Pa.—The *American Monthly Microscopical Journal*, No. 51 Maiden Lane, New York, will probably suit you.

—Dr. W. L. G., of Mo.—We have not seen any formula of the secret remedy you inquire about, but shall make inquiries and inform you.

—Critic, Ohio, writes: (See REPORTER, p. 110).

1. Since *ch* is always hard in Latin, and since both Webster and Worcester make it hard in *cinchona*, why do you say that it should, in that word "properly be soft?"

2. Since the *ch* in *troche* is the Greek *chi*, and since both Webster and Worcester give it the hard sound in that word, why do you say that it "is pronounced with the *ch* soft?"

Answer.—1. *Cinchona* is a derivative from the Spanish proper name *Cinchon*, in which *ch* is soft. 2. *Troche* is a thoroughly domesticated French word, always pronounced with the *ch* soft, and we have merely borrowed it.

—Subscriber, Ills., writes:—The *New York Medical Record*, Nov. 15th, 1879, p. 466, speaking of typhoid fever, says: "Follicular intestinal catarrh is *always* present in this disease;" and a few lines below it says: "If there is constipation, instead of diarrhoea, etc., etc." Please state how there can be "follicular intestinal catarrh" and "constipation" at the same time, and in the same case.

Answer.—We pass it on.

#### MARRIAGES.

HOLCOMBE—WARNER.—On the 14th inst., at the Church of the Holy Trinity, New York city, by the Rev. S. H. Tyng, D.D., Dr. A. A. Holcombe, of New York, and Jennie C. Warner, daughter of William Warner, of this city.

KING—ROBINSON.—At the residence of the bride's parents, January 15th, 1880, by Rev. A. C. Wilson, Erie, Pa., Dr. Courtlan King, of Pittsburgh, Pa., and Miss Emma H., eldest daughter of E. Robinson, Esq., of Uniontown, Pa.

KNOWLS—HIGINBOM.—At Vandalia, Illinois, January 22d, by Rev. H. W. Todd, Dr. Joseph S. Knowls and Luella Higinbom, both of Vandalia.

McKINSTRY—BOILEAU.—At the residence of the bride's parents, January 29th, 1880, by Rev. W. H. Conard, Dr. Frank P. McKinstry, of Bound Brook, N. J., and Jennie K., youngest daughter of E. B. Boileau, Esq., of Southamptonville, Bucks Co., Pa.